

400207

BUREAU OF VITAL STATISTICS

ARIZONA STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

1. PLACE OF DEATH

County Maricopa

State

State File No. 195Registered No. 676

District or Township

or Village

City Phoenix

No.

St.

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number).

2. FULL NAME Terrie F Spaur(a) Residence, No. 807 W Madison

St.

Ward

(Usual place of abode)

(If non-resident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. COLOR or RACE

5. SINGLE, MARRIED, WIDOWED or DIVORCED.
(Write the word)MaleWhite5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day and year) Dec. 16, 1926

7. AGE

Years

Months

Days

IF LESS than 1
day hrs.
or min.6

8. OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work(b) General nature of industry,
business or establishment in
which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Phoenix

(State or country)

Ariz.10. NAME OF FATHER Terrie F Spaur

11. BIRTHPLACE OF FATHER

(city or town)

(State or country)

West Va.12. MAIDEN NAME
OF MOTHER Alta Hancock

13. BIRTHPLACE OF MOTHER

(State or country)

(city or town)

Utah14. Informant Terrie F Spaur(Address) 807 W Madison15. Filed 6-15-27

Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH 6-12-27

Month

Day

19. Year

17. I HEREBY CERTIFY, That I attended deceased from

June 5, 1927 to death, 1927that I last saw him alive on June 5, 1927and that death occurred, on the date stated above, at 12 m.

The CAUSE OF DEATH* was as follows:

Pneumonia(duration) yrs. mos. 3 ds.CONTRIBUTORY Enteritis

(Secondary)

(duration) yrs. 1 mos. ds.

18. Where was disease contracted

If not at place of death?

Did an operation precede death? No Date ofWas there an autopsy? NoWhat test confirmed diagnosis? Microscopic(Signed) Dr. Harry Brown M. D.6/13/27 19 (Address)

* State the Disease Causing Death, or in deaths from Violent

Causes, state (1) Means and Nature of Injury, and (2) whether Acci-

dental, Suicidal, or Homicidal. (See reverse side for additional space).

19. PLACE OF BURIAL, CREMATION OR

REMOVAL

Greenwood

20. UNDERTAKER

A. L. MOORE & SONS

DATE OF BURIAL

June, 16-1927

ADDRESS

N. B.—WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.